



EXHIBIT 1
ALTSD CAPITAL OUTLAY GRANT
MONTHLY / FINAL REPORT FORM & REQUEST FOR PAYMENT

MONTHLY REPORT PROJECT TITLE: _____ PAY REQUEST NO. _____
(Due on the last day of the month)

Grantee: _____ Grant Number: _____ Reporting Period: _____ DATE: _____
 Grant Expiration Date: _____

Address: _____ City _____ State _____ Zip _____ Preparer's Name & Phone Number: _____

Please provide a detailed status of project referenced above. Please check the box that would best explain the **project phase**.

- Bonds Sold Plan / Design Bid Documents Construction/Improvements/Renovation in Process
 Purchase in Process Substantial Completion Project Complete Other *(Please specify in narrative section)*

Provide a project update and the anticipated timeline for commencement and completion for each phase. *(Attach extra sheet if needed)*

REQUEST FOR PAYMENT

VENDOR INVOICE DETAIL *(Attach extra sheet if needed)*

Grant Amount: _____
 AIPP Amount *(if applicable)*: _____
 Funds Requested to Date: _____
 Amount Requested This Payment: _____
 Grant Balance: _____

Date of Invoice	Vendor Name	Amount of Invoice	Amount Applicable to This Grant
Amount Requested This Payment:			

FINAL REPORT

Fiscal Year Expenditure Period Ending
(check one)

(Jan-Jun) (Jul-Dec)

Fiscal Year _____

MONTHLY REPORT: I hereby certify that the aforementioned Capital Outlay Project funds are being expended in accordance with all requirements of the Grant Agreement, and in compliance with all other applicable requirements.

FINAL REPORT: I hereby certify that the aforementioned Capital Outlay Project funds have been completed and funds were expended in accordance with all requirements of the Grant Agreement, and in compliance with all other applicable state/ regulatory requirements. The remaining balance is requested to be reverted to the appropriate funding source.

PROCUREMENT METHOD: Grantee received approval from ALTSD and Notice of Obligation was issued and signed prior to reimbursement request.

CERTIFICATION: Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct; expenditures are properly documented, are valid expenditures or actual receipts; and comply with NM State Procurement Code NMSA 13-1-21 through 13-1-199; and that the grant activity is in full compliance with Article IX, Sec. 14 of the New Mexico Constitution known as the "anti-donation" clause.

 Grantee Fiscal Officer Signature & Printed Name

 Grantee Representative Signature & Printed Name *(Preparer)*

STATE AGENCY USE ONLY

I certify that the ALTSD Financial and vendor file information agree with the above submitted information.

 ALTSD Fiscal Date

 ALTSD Capital Projects Bureau Date